

Director's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 24, 2010

| Employee Name: | | Sunday 04/18/10 | Monday 04/19/10 | | Tuesday 04/20/10 | Wednesday 04/21/10 | Thursday 04/22/10 | Friday 04/23/10 | Saturday 04/24/10 |
|--|----------------------------|-----------------|-----------------|--|------------------|--------------------|-----------------------------|-----------------|-------------------|
| Corbett,Kate 45161000 <i>Kate Corbett</i> | Day: In - Out | | | | 10:00 | 7:30 3:30 | 10:00 2:45 | 10:00 2:45 | 7:00 4:45 |
| | Lunch: Out - In | | | | | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | |
| | Outside Duty: From - To | | | | 10:00 2:00 | | | 12:00 2:30 | |
| Document exceptions or comments, indicate type and amount. | | | HLN 2.5 ✓ | | Brookline Sup. | | | | |
| Dookhan,Annie 45161000 <i>Annie Dookhan</i> | Day: In - Out | | | | 6:45 3:50 | 6:45 4:00 | 6:45 14:00 | 6:45 4:05 | |
| | Lunch: Out - In | | | | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | 12:00 12:20 | |
| | Outside Duty: From - To | | | | | 1:15 2:50 | | | |
| Document exceptions or comments, indicate type and amount. | | | HLN 7.5 ✓ | | OT 1:00 ✓ | | Cambridge Dist OT 1.25 ✓ | | |
| Feiden, Stacey 8100-9745 <i>Stacey Feiden</i> | Day: In - Out | | | | 8:10 4:10 | 8:30 4:30 | 8:15 2:15 | 8:20 4:25 | |
| | Lunch: Out - In | | | | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | |
| | Outside Duty: From - To | | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | HLN 7.5 ✓ | | | | 2.0 SIC ✓ | | |
| Frasca,Daniela 45161000 <i>Daniela Frasca</i> | Day: In - Out | | | | 6:45 2:45 | 6:45 2:45 | 6:45 2:45 | 6:45 2:45 | |
| | Lunch: Out - In | | | | | 1:30 2:00 | 12:30 1:05 | 1:15 1:45 | |
| | Outside Duty: From - To | | | | 10:00 2:00 | | | | |
| Document exceptions or comments, indicate type and amount. | | | HLN 7.5 ✓ | | Brookline Sup. | | | | |

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|--|----------------------------|-----------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|
| Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature | Day: In - Out | | | 8:30 12:00 | | | | |
| | Lunch: Out - In | | | — | | | | |
| | Outside Duty: From - To | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | HOLN 7.5 | CMT 4.5 | CMT 7.5 | CMT 7.5 | CMT 7.5 | |
| Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature | Day: In - Out | | | 8:00 4:00 | 7:25 3:25 | 7:15 3:15 | 7:25 3:30 | |
| | Lunch: Out - In | | | 12 12:30 | 12 12:30 | 11:20 11:50 | 12 12:30 | |
| | Outside Duty: From - To | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | HOLN 7.5 | | | | | |
| Renczkowski, Daniel 45161000 <i>Daniel Renczkowski</i> Employee Signature | Day: In - Out | | 6:45 2:45 | 6:45 4:45 | 6:45 2:45 | 6:45 2:45 | 6:45 4:45 | 6:45 |
| | Lunch: Out - In | | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | 12:00 12:30 | |
| | Outside Duty: From - To | | | | | | | |
| Document exceptions or comments, indicate type and amount. | | | HOL 7.5 | OT 2.0 hrs | | | OT 2.0 hrs | OT 7.5 hrs |
| Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature | Day: In - Out | | 6:45 2:45 | 1:45 4:45 | 6:45 2:45 | 6:45 2:45 | 6:45 5:45 | 6:45 2:45 |
| | Lunch: Out - In | | 12:30 1:00 | 1:15 1:45 | 12:30 1:15 | 1:30 2:00 | 1:45 2:15 | 2:00 2:30 |
| | Outside Duty: From - To | | | | 1:15 2:00 | | | |
| Document exceptions or comments, indicate type and amount. | | | HOL 7.5 | OT 2 hrs | Cantonecy dist | | OT 3 hrs | OT 7.5 |

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Week Ending: April 24, 2010

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Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending:

| Employee Name: | | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | |
|----------------------------|-----------------|--------------------|--|--------|------------|---------|------|-----------|------|----------|-----|--------|------|----------|--|
| Salemi Charles 45161000 | <i>Q Salemi</i> | Day: In - Out | | | | 945 | 600 | 940 | 600 | 950 | 615 | 945 | 600 | | |
| Employee Signature | | Lunch: Out - In | | | <i>HLN</i> | 1205 | 1200 | 1205 | 1255 | 1205 | 100 | 12 | 1245 | | |
| Outside Duty: From - To | | | | 7.5 | | | | | | | | | | | |

Document exceptions or comments, indicate type and amount

| | | | | | | | | | | | | | | | |
|-----------------|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <i>Q Salemi</i> | Day: In - Out | | | | | | | | | | | | | | |
| | Lunch: Out - In | | | | | | | | | | | | | | |
| | Outside Duty: From - To | | | | | | | | | | | | | | |

Document exceptions or comments, indicate type and amount.

| | | | | | | | | | | | | | | | |
|-----------------|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <i>Q Salemi</i> | Day: In - Out | | | | | | | | | | | | | | |
| | Lunch: Out - In | | | | | | | | | | | | | | |
| | Outside Duty: From - To | | | | | | | | | | | | | | |

Document exceptions or comments, indicate type and amount.

| | | | | | | | | | | | | | | | |
|-----------------|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <i>Q Salemi</i> | Day: In - Out | | | | | | | | | | | | | | |
| | Lunch: Out - In | | | | | | | | | | | | | | |
| | Outside Duty: From - To | | | | | | | | | | | | | | |

Document exceptions or comments, indicate type and amount.

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed below Employee #: Listed below

Department: Drug Laboratory

Date(s) of overtime work: 4/24/10

of hours requested: Listed below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Daley

Date: 4/21/10

Department Head: _____

Date: _____

Denial reason: _____

| Name | Employee ID# | Overtime earned | Name | Employee ID # | Overtime earned |
|---------------------|--------------|-----------------|------|---------------|-----------------|
| Nicole Medina | 285766 | 7.5 hrs | | | |
| Daniel Penczakowski | 297673 | 7.5 hrs | | | |
| Della Saunders | 147387 | 7.5 hrs | | | |
| Zhi Tan | 148724 | 7.5 hrs | | | |
| Michael Lander | 120459 | 7.5 hrs | | | |